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ABSTRACT

Questions about drug use are complex, and answers are not easy either. What parents ultimately choose as the best direction for their family should depend on the ages of the children, their personal values, and the kinds of relationships they have with their children. There are a number of alternatives parents can choose. This book presents a variety of ideas and strategies for parents so that they can choose the approach to drugs that best fits their families. A parent has the right to uphold his or her values, and has the final decision about rules. The parent should not try to win a courtroom-style debate over the facts about drugs with children. Household values should be stated, and rules made consistent with them. This message is stated in the first two chapters of this book, "Choices" and "Facts & Values." Chapter 3 discusses "Kids & Drugs," reviewing common patterns of drug use. "Family Values," Chapter 4 considers why kids experiment and how to be a positive role model. Chapter 5, "Red Flags," discusses markers of drug use at various ages, including young adult. "Drugs Today," Chapter 6, reviews facts about drugs in common use in the United States. Chapter 7, "Starting Points," emphasizes that any approach to drug use involves a shifting and complex web of factors, and that a big commitment is required. "Connections" lists five print resources and three Web sites for further information. (SLD)

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Bug Proofing the Family

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A Handbook for Parents

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A D.I.N. PUBLICATION BY ERICA WITTENBERG & JIM PARKER

DRUG PROOFING THE FAMILY

A Guide for Parents

A Do It Now Publication
by
Erica Wittenberg and Jim Parker

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Contents

1 Choices 5
2 Facts & Values 7
3 Kids & Drugs 9
Patterns of Use 11
4 Family Values 13
Why Kids Experiment 13
Be a Positive Role Model 17
5 Red Flags 19
In Grade School 22
In Junior High School 22
In High School 23
If Your Child Needs Help 25
When Your Child Is An Adult 26
Options & Resources 27
6 Drugs Today 28
Marijuana 28
Alcohol & Depressants 31
Heroin & Other Narcotics 32
Stimulants 34
Cocaine & 'Crack' 35
LSD & Other Hallucinogens 36
Inhalants 37
7 Starting Points 38
Resources/Links 40

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Jim Parker has covered the addictions field as a writer and educator for 20 years. He is the author of dozens of articles and publications, including *Drugwise: A Guide for Young People; Drug Crisis Response;* and *Total Recovery,* and the father of an 11-year-old daughter, Sara. It was his idea to conclude with the chorus from Jackson Browne's "Before the Deluge," and he still thinks it's a pretty good one.

*All "Perspectives" comments adapted from "What I Would Say…" **Time**, December 9, 1996. Used with permission.*

chapter

Choices

This is a book about choices, about your choices for coping with substance abuse in your family and for stopping it before it starts—or before it starts getting out of hand, if it's already started.

To most of us, the idea that our kids might use drugs is a pretty scary thought. We wonder what kind of damage they could do to themselves—or even what kind of damage they may already *have* done.

And our fears only multiply when we realize how little control we have over what they're exposed to these days, and the freedom they have to make mistakes.

To make matters worse, we're constantly bombarded by the media with well-meaning (and even off-the-wall and contradictory) advice on parenting and tips for "coping" with our kids. When it comes to the topic of drugs, suggestions range all the way from

"Take a hard stand, and back it up!" to

"Relax...and let them experiment. They'll grow out of it. It's just a phase."

The questions are complex and the answers aren't easy, either. What you ultimately choose as the best direction for your family will depend on the age of your children, your personal values, and the kind of relationship you have with your kids.

To make matters worse, some people argue that there's only one politically-(and parentally-) correct way to respond to chemical use by young people.

Some people argue that there's only one politically- [and parentally-] correct way to respond to chemical use by young people. We don't agree.

We don't agree. We believe parents have a number of alternatives they should consider—and consider carefully. We hope that in reading this booklet you'll come to your own conclusions and make your own decisions about the best options for "drug-proofing" your family.

Because the fact is that you really *are* the expert about your values and your kids and *you* are the person (along with the other members of your family) who'll have to live with the consequences.

In the sections that follow, we'll talk about the interplay of parenting and prevention from as many perspectives as we can squeeze in this small a space. We'll consider some of the reasons kids do drugs and how the dynamics that contribute to drug abuse can be turned around.

We'll describe "drug-proofing" parenting techniques you can try in your home—no matter how old your kids are—and help clarify your options if your children are already chemically involved. We'll also include perspectives from a variety of public figures on their values and beliefs about effective approaches to drug-proofing, mix in some basic information on common drugs, and list resources you might want to turn to for more information.

Outlining alternatives is our part. It's the easy part of drug-proofing the family.

The hard part is up to you.

'PARENTS MUST SET THE EXAMPLE...'

I think all of us know drugs are physically harmful, but there is another side to that notion because we are spiritual beings. Drugs are spiritually destructive. People who use drugs are getting a double whammy—they are weakened physically and they are weakened spiritually.

It's hard if parents are getting stoned themselves or getting drunk. Kids respond, "If you get high, why can't we?"

Parents must set the example. That's what's missing, the will to set an example. ■

chapter

Facts & Values

Making major decisions about our lives can be a difficult task—at any age. One thing that makes this task more difficult today is the seemingly-endless variety of values and points of view available on almost any topic, including the use of drugs.

This isn't necessarily a "bad" thing.

People of good will and intelligence have always differed in their beliefs. It gives us all an opportunity to choose the values that we live by—and to question and modify those values as they bump up against our experiences in the real world.

Still, this is perhaps the first time in human history that a society has had to accommodate such vast differences in personal values and lifestyles. So our kids question our values, as children have always done, and they see all around them—in movies and TV, in magazines and on the World Wide Web—examples of people shaping their lives in many different (and even "deviant") ways, and apparently surviving.

As a parent, you may even begin to lose heart at the sheer *difficulty* of trying to ensure that your kids learn and live by the same standards that you value. Still, there *are* ways of getting your values across to your kids, *if* you know how to go about doing it.

Start by realizing that it's almost impossible to win a contest of values by convincing someone else (particularly teens and older kids) that you're right and they're wrong.

Don't even try to win a war of values or facts with your kids about drugs or drinking.

More often, a contest of values turns out like the proverbial collision between an irresistible force and an immovable object—lots of sound and fury, with *neither* side gaining or giving ground.

What usually happens instead is that both sides become convinced that the other is clueless and possibly dangerous. And while it's hard enough for adults to "agree to disagree" and continue to respect each other, it can be harder still for parents and children to give each other the same kind of respect.

Here, of course, you may say something like this:

> *"Sure, but I have a responsibility to my children that I don't have for other adults. And besides, the fact that I'm older ought to count for* ***something****. I know more about the world and its dangers. My values have worked for* ***me****, and I want my kids to respect them. And I want my kids to respect me."*

We agree. You have a right to uphold your values and have them respected by others. As a parent, you also have the right to decide what's acceptable behavior in your home—but not because everyone in the family agrees that it's right. Your preference is your privilege.

You can stay in charge, and both you and your kids can retain more dignity and self-respect, if neither side is "on trial" in a home version of "Court TV."

So state your position in a friendly way. You can afford to do that when you don't need your child's agreement. Listen respectfully to their ideas, but let them know that a final decision on rules is still yours.

Children want to believe that their point of view is the "right" one, too. Often this leads the family into a "fact" war, with each side hurling facts and statistics that support their beliefs.

So as a parent, don't even *try* to win a war of values or a courtroom-style debate over "facts" with your kids about drugs or drinking. Simply state your values and make household rules consistent with them, without necessarily demanding or expecting agreement.

Remember, in the "court" of public opinion inside your home, you're the judge, not a prosecutor.

chapter

Kids & Drugs

There are as many different reasons for using drugs and alcohol as burgers served at McDonald's—around 39 billion, at last count, and climbing. And while you may feel that *any* substance use by young people is unacceptable, it's important to realize that some factors signal trouble a lot more clearly than others. And different levels of involvement can mean different things—and lead to very different courses of action.

That's why, in developing a "drug-proofing" plan for your family, it's helpful to consider how problems get started, what keeps them going, and why.

We'll begin by pointing out that people of all ages use psychoactive chemicals (and we're including coffee and alcohol and tobacco here, alongside pot and heroin and crystal meth and all the rest) for the same reasons that anybody does anything: To meet internal and external needs with the most available and apparently-effective means at their disposal.

Drugs and alcohol can *seem* the most available and effective means for young people to meet a variety of needs, including the following:

- to satisfy their curiosity
- to feel included in their social group
- to feel older, more grown up
- to deal with strong feelings of anger, loneliness, fear, or sexuality
- to fill (or kill) time
- for fun or adventure

None of these reasons in itself is a sign of serious trouble. They're needs that all normal kids (and adults) experience from time to time. One difference is that young people may feel these needs more urgently, and have fewer resources to deal with them.

Our goal as parents is to help our children meet their normal needs in ways that are more acceptable (and less potentially harmful) than drug abuse. That's what we call "drug-proofing," and we'll talk more about it in the next chapter.

On the other hand, there *are* reasons for use that should really jump out as danger signals. And each of the following needs to be considered carefully.

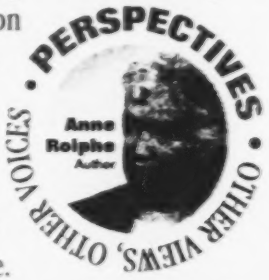
■ **Stress.** Often, kids start taking drugs as a way of "medicating" themselves against chronic stress, pain, or depression. They may be afraid that they're crazy (or *going* crazy), or that they're expected to live up to standards they can't quite meet, or that problems in their lives simply can't be resolved.

■ **Family problems.** Sometimes, kids are unhappy because of tensions inside the family. The result? They look for solace *outside* the family, and drugs and alcohol can rush in to fill that void. Often, drug use really *is* a cry for help—not only for the user, but for the whole family.

■ **No control.** In other cases, children learn in their families (whether mom and dad mean to teach it or not) that they're not really expected to succeed in life, that they're not capable of making great things happen, or that they're defective in some important way. This is a crippling view of life—whether drugs and alcohol are used to maintain it or not.

'WE HAVE TO INSTILL JOY & CONFIDENCE...'

Rather than saying "You must never ever," what you have to keep saying is that [marijuana use] prevents you from having real relationships. It prevents you from understanding what is going on in your life. It prevents you from having real happiness. And it's dangerous....



I believe we have to instill a great deal of joy and confidence in our children before they get to be teenagers in order to protect them through those hard years. Parents tend to blame themselves for things that are culture-wide. The difference between moderate experimentation and catastrophic drug taking is vast. We should not get desperately alarmed about mild social experimentation. But we should get desperately alarmed about the child who is *compelled* to use drugs. Flat rules like "Just say no" are easy to pronounce but hard to enforce. It's so easy to make that statement, and so hard to live by it Saturday night by Saturday night. ■

Our goal as parents is to help our kids meet normal needs in ways that are more acceptable (and less potentially harmful) than drug abuse.

■ **Out-of-control.** And of course, some adolescents, like some adults, get strung out on the drugs they're using. This means that scoring and using drugs becomes an end in itself, and often a costly and time-consuming one, at that.

■ Patterns of Use

Not only do people use drugs and alcohol for different reasons, they also use them in different ways. And while most parents see *any* use of an illegal substance by kids as dangerous and just plain wrong, it's still useful to understand the different patterns of involvement that occur when people use drugs.

Looking at things from this perspective can help a parent more accurately "read" a specific situation, preserve their credibility with an involved child, and generate an appropriate—and effective—response.

■ **Experimental use.** This is square one in the chemical-use matrix. At this stage, the person is only curious about drugs and their effects. He or she may seek out a chance to experiment, or just take advantage of one that presents itself. Satisfying this curiosity may lead to no further use, or to occasional use when the drug is available.

For many (and perhaps most) young people, chemical use stops or stays at this level. It *isn't* inevitable that use will continue or increase. Whether it does or not depends on an individual child's reasons for experimenting, on his or her personal values and resources, and on how parents respond.

■ **Integrated use.** If a person moves beyond experimentation, the next level of use involves greater planning and focus (and money) than the previous stage. Overall, use still tends to be casual, mainly in social situations, and a user's everyday functioning is not necessarily impaired.

These first two levels of use are comparable to alcohol use by a stable "social drinker." About 90 percent of the substance-using population falls into one of these two categories.

■ **Excessive use.** Preoccupation with the quality and effects of drugs is noticeable, as is a rising degree of impairment. Day-to-day functioning is more difficult. Responsibilities are neglected. Relationships can become strained and go

Not only do people use drugs and alcohol for different reasons, they also use them in different ways.

downhill rapidly. Family members may find themselves making excuses for the abuser, or taking over tasks that are really his or hers. Many heavy drinkers who don't consider themselves alcoholics are actually at this stage.

■ **Psychological/physical dependence.** Impairment is clearly evident, and use becomes an end in itself. A user's functionality is clearly affected, and the ability to stay in school or hold a job is shaky, at best. Few friends remain who aren't heavy users themselves. Involvement with police and the court system becomes likely—if it hasn't already happened.

At this point, we need to emphasize that a number of other factors—social, economic, psychological, physiological—also come into play that further complicate a true reading of a person's chemical involvement. Still, just because the equation is complicated doesn't mean it's unsolvable.

Because all patterns of chemical use have intrinsic similarities, appropriate actions and interventions can be taken at any of the stages of involvement. And understanding those factors and applying those options before they're absolutely *required* can reduce the risk of high-level involvement ever taking place.

'LISTEN FOR A LONG TIME...'

Trust me, nothing jolts a parent's nervous system more than the thought that his or her child might be using drugs. Even when suspicious, parents are often afraid to ask. Will we alienate our children by accusing them falsely? Yet if we don't speak to them, how will they know that we are beside them if they need our help?

Make your first communication with your child about drugs a good one because you may not get another chance. Make an appointment. Let your child talk. Listen for a long time. Then when you do comment, don't be judgmental. If your child indicates that he or she is using drugs or might consider doing so, take several deep breaths.

Remember, you goal is not to change your child's behavior because that is impossible. Your goal is to encourage and guide your child into changing his or her own behavior. ■

chapter

4

Family Values

Once you see that kids get involved with chemicals for understandable (if not altogether *wise)* reasons, you're on your way to helping your kids find acceptable and healthy alternatives to drugs and alcohol.

Because contrary to what you might think (if you base your thoughts on the blather and noise that so often flows out of your TV), kids don't flirt with drinking and drugs to piss adults off personally. They do it to meet their own needs—in the best way they know how.

That's our goal: To remind you to teach them better ways of knowing how.

To start, let's look again at some of the common reasons kids use chemicals, and see what alternatives best plug into those needs.

■ **Curiosity.** Like it or not, you **don't** want to squelch curiosity in your kids. A better option is to develop means of satisfying natural curiosity *in* the home.

One way of harnessing curiosity is to make a habit of discussing information on a variety of topics—including drugs and alcohol. This may seem of questionable value to you. Some parents don't really feel comfortable talking with their kids about such "taboo" topics as sex, drugs, or alternative lifestyles.

Other parents are afraid they'll "give them ideas" or encourage their kids to experiment in ways that are contrary to their values. Some parents simply wish that subjects that expose their own embarrassment or awkwardness or ignorance would just go away.

To these parents we say: Get comfortable. Get real. And get busy.

Although parental fear and awkwardness is understandable, it's not justified. Remember: Young people are more likely to be drawn to (and even fascinated by) activities that have the allure of the unmentionable. And kids are more vulnerable if they're uninformed.

Gathering and discussing information freely can be a valued activity that lets kids satisfy some of their curiosity without actually experimenting with anything. More importantly, it gives them access to *you*, which kids value most of all. And it lets you know how they think and feel, and lets them know how you do, too.

■ **Feeling included socially.** Wanting to be liked and accepted is a **huge** need for all of us. You wouldn't want your child to ignore what others think. In fact, we've all urged our kids to consider the opinions and feelings of others since they could toddle. That's a big part of how they learn acceptable behavior.

It's natural for kids to care what their friends think, too. It's part of their evolving sense of social balance and mastery. They **want** to learn what's appropriate in social situations. Sometimes, that means doing what everyone else is doing.

At the same time, we need to help them develop their own critical judgment skills and be free to act differently when that's in their best interests.

It may be hard for you to let your kids exercise their own judgment at home, or to encourage them to do it elsewhere. But if they don't have your support in being different from you or other adults at least *some* of the time, how will they ever be different from their peers?

Obviously, there are still times when you should insist on certain behaviors, just because they're expected in a given situation.

But whenever possible, encourage your children to be aware of their own best interests, and act on them—at least, when there isn't a compelling reason to do otherwise. You won't necessarily like all their choices. The point is to teach them (and yourself) that they *do* have a reasonable amount of autonomy in making choices. If drug use is a potential issue, make sure they understand that one of the reasons for not choosing to use drugs or alcohol is that chemicals can *limit* a person's ability to make choices for themselves, socially and otherwise.

In addition, you can help your child feel at ease socially without chemicals by being socially at ease yourself.

Include your kids in the family's social life as much as possible. Help them to feel welcome, and to see themselves as basically okay without having to "perform" in some way or to conform beyond what's truly necessary. Talk with them informally about ways of handling social and school-related problems. Knowing what's appropriate builds social confidence. Your job is to help your kids build theirs.

■ **Dealing with strong feelings.** We all get tangled up in powerful feelings at times, and kids usually more so than adults. It's not unusual for teenagers

Some parents wish that subjects that expose their own embarrassment or awkwardness or ignorance would just go away. To these parents we say: Get comfortable. Get real. And get busy.

to feel embarrassed, out of control, or tortured by their feelings. And to make things even tougher, teens live with the added pressure, from their peers, of needing to be "cool" and, from us, of needing to show restraint and self-control.

How can you help your kids through trying times? Start by teaching them that feelings—even strong ones—*aren't* bad. What's important is how we *express* our feelings and what we *do* about them. There aren't any rules for what we "should" or "shouldn't" feel in a given situation. We feel what we feel.

Families and friends can help by simply acknowledging each other's feelings without criticism, and without blame. We don't do our kids a favor when we try to take their feelings away from them under the guise of "making them feel better." Feeling better is the business of the person having the feelings.

Strong or unpleasant feelings won't kill us. They're part of being human. Make sure your kids realize that feelings are only temporary, but the choices they make because of them can limit their options for a lifetime.

Accept your child's anger, envy, fear, dependence, independence, sexual feelings and curiosity as natural. Encourage responsible expression of those feelings—without blame or guilt or unnecessary anger. If you do, you'll be in a better position to help them channel their feelings and guide their behavior without damaging their self-esteem or their relationships with friends and family.

■ **Being grown up, establishing a separate identity.** The major developmental task of the teen years is to develop a sense of being an authentic and complete person, one who can support himself or herself emotionally and economically, without having to rely on parents.

It can be a difficult time for parents and child. Each has mixed feelings about the coming departure of the young person from the family circle, or at least from the home. Often, rebellion marks a teen's struggle to balance the need to feel and act independently with the need for continued parental support.

Drugs and alcohol use can symbolize this struggle. Drinking or smoking pot with friends can seem both an act of independence from parents and of intimacy with peers. And when a young person feels overwhelmed by the real or imagined demands of independence, drugs can temporarily erase those fears.

Kids don't develop in a vacuum. We can help them learn better by being better teachers.

You *can* help make chemicals seem a less attractive means of asserting independence. One way is by giving your kids opportunities to exercise their independence and judgment.

If your children are approaching their teen years, give them **more** responsibility—whether for choosing their clothes, choosing their friends, or for getting along with other family members and friends. When you make a rule, or even a comment, that limits a child's area of independence, make sure that it's really necessary and useful.

Increased independence also means increased responsibility. Don't shield your children from the consequences of their choices. Help them find solutions to problems they've created without telling them what to do or saying "I told you so!" Admit, in a non-judgmental way, that they have a responsibility to change or resolve the problem, and that you expect them to do that.

When problems happen, help clarify alternatives and consequences.

If you're willing to help in some specific way, say so, but don't take away your child's freedom to accept or reject that help. This strengthens their ability to trust themselves in using independence wisely. It can also increase their determination to keep learning about life, through mistakes if necessary, instead of feeling overwhelmed by a sense of helplessness or failure.

You can help by displaying the attitudes and behaviors you'd like your kids to adopt. Remember: Kids don't develop in a vacuum. Their ability to learn to think and act independently, to accept responsibility for their own lives and choices, and to persist in the face of difficulty comes in large part from what we show them in our own lives. We can help them learn better by being better teachers.

■ **Filling and killing time/having fun or adventure.** Sometimes, it's hard for parents to take these needs seriously. The time we have for ourselves often already seems *way* too limited, and not exactly *overrun* with fun.

But the need for emotional "highs"—feeling excitement and pleasure in just being alive in the moment—is a real need for human beings, all of us.

It's how we "re-create" and extend ourselves. People generate natural highs through thousands of activities, from quiet meditation to skydiving. Anything that takes us beyond our normal boundaries, or that tests us or brings us into greater harmony with the world or each other can produce a "peak" emotional state.

The problem with using drugs to achieve high states is they don't teach us much or involve much effort beyond obtaining and taking them. On the other hand, their effects usually *are* predictable and more intense than the effects a depressed or anxious or dependent person can hope to achieve on his or her own.

Make sure your kids understand the limitations as well as the risks of chemicals, and support them in following through on activities that contribute to their sense of personal competence and their need to feel good about being alive. You can help this along by valuing "high" feelings, too, like the ones that come from running a 10K, participating in family or school projects, or learning a new skill.

Structure activities that give your kids a chance to share peak experiences with family and friends. Avoid turning all your own or your kid's leisure time activities into "chores" or "projects." And remember that it's important to find occasions for joy even in busy or troubled times.

■ Be a Positive Role Model

Want to *really* do all you can to drug-proof your crew? Realize that you're a role model for your kids, particularly in the area of substance use.

Do you smoke? Do you talk about the rough day you've had, then reach for a beer? Do you drink till you're drunk? Does your family see you as someone who "needs" to pop tranquilizers to meet the normal stresses and strains of life? Do you refuse to eat intelligently and get the sleep your body needs—and then rely on coffee or junk food to get you through the day?

If you do these things on a regular basis, your children may just get the message that drug use and drinking is okay with you and if not actually *fun*, at least necessary.

Sometimes the only question that really remains for them is which substance *they'll* abuse and when.

'A BETTER LESSON THAN ANY WORDS...'

I didn't smoke much dope in the '60s. Pot sent me into giggling fits, and I feared the loss of control. My addiction was alcohol, which was approved by the same Establishment that was bent on criminalizing marijuana.

My kids saw that, and they developed an acute sensitivity to hypocrisy.

It took me many years to stop drinking and live without such addictions.

When I did, that was a better lesson than any words I could have preached to them. ■

Our kids see us as walking, talking examples of our ideas and values in action. We can help them grow into resourceful, independent people with a sense of responsibility for their own feelings—if we only show them how.

We're not suggesting that the only way to have drug-free kids is for you to give up alcohol, coffee, or necessary medications. What we do recommend, though, is that you be *aware* of how you use and talk about chemicals. Being a good role model means that you use such substances in moderation, not out of imagined needs. It means that use is always a matter of choice, not compulsion.

Being a good role model may also require learning, and teaching your children, how to reduce day-to-day tensions without chemicals—through exercise, meditation, or plain-old quiet time—and how to live a healthy life.

Because when we talk about "drug-proofing" we're really talking about a whole philosophy of life. And like any philosophy, the earlier it's started, the more impact it's likely to have.

If your kids are already teens—even if they're already using drugs or alcohol—making the changes we've suggested can still be helpful. But it *will* take some time for them to believe that you really do mean to make changes, and to trust you to stick with them.

With older teens, positive effects may not even show up until after they've left home. This could mean that you may need to settle for paving the way for a more constructive relationship with them in the future.

But whatever their age, our kids see us as walking, talking examples of our ideas and values in action.

And we can help them immeasurably in growing into resourceful, independent people with a genuine liking and respect for others and a sense of responsibility for their own feelings—if we only show them how.

chapter

5

Red Flags

Suppose the unthinkable happens and you begin to have reason to suspect (or, even worse, you have *proof)* that your child is already using drugs. What can you do? What should you do first?

Your first main task will be to deal with your own feelings, whatever they are—denial, shock, anger, fear, guilt, or shame. These feelings are natural, but they *can* get in the way of responding effectively. Talk the situation over with your spouse or with a trusted friend. Realize that you're not alone, that you're not a bad parent, and that you don't have a bad child.

The second step is getting both parents (if both parents are present and involved) to agree on a way of handling the situation that both can live with. In private, you may differ in your feelings and opinions about how to respond. But no effective action is possible if parents are at odds with each other and use the situation to carry on that conflict.

Without a united action plan, individual parents can easily dilute or even sabotage the other's efforts. And an already-confused child can interpret multiple messages from parents as one more piece of evidence that adults are just too *weird* (or too *out of it)* to confide in or take seriously about anything, much less something as important as their own drinking or drug use.

Sometimes, in the grip of a crisis, it's hard for parents (especially divorced or combative parents) to cooperate and resist the impulse to blame each other. If this is the case with your family, counseling might help. A good counselor has no interest in assigning blame or "rightness" or in taking sides, but in helping the family

discover what keeps it from functioning cooperatively to find less conflict-oriented options.

Once you've dealt with your initial reaction and worked out an action plan with your partner (or any other adults having responsibility for your children), the next step is to gather information.

Begin by getting answers to these questions:

- What drug(s) is your child using?
- How much? How often?
- Who else is involved?
- What else has changed in your child's behavior?

Be specific. Some of this information may come from your own observations or from adults who see your child daily, such as teachers and school counselors. It can come from your child or from other kids in the family. The goal here is simply to assess the level of your child's involvement—to determine whether their use is experimental only or already at a higher level of risk.

At this point, remember that you have a number of obvious alternatives:

- You can do nothing and hope for the best.
- You can confront your child in the heat of the moment and make up a response as you go along.
- You can let your child know how disappointed (or angry, ashamed, or sad) you feel and why.
- You can impose an immediate punishment for breaking the rules—grounding your child or taking away a privilege of some kind.

Believe it or not, there's nothing wrong with any of these options, and any one of them—even doing nothing and taking a wait-and-see attitude—could be the most appropriate way of responding to a given situation.

Still, there's another type of response that can also have real value. It involves working with other parents to establish common rules and a consistent means of enforcing those rules.

If some or most of your child's friends are drinking or experimenting with drugs, chances are the other parents are as worried and uncomfortable with their options as you are. Get in touch with them. Parents can use the support of other parents in resolving their feelings, working out consistent rules for their kids, and jointly following up if problems arise.

Parental support groups can take many forms, from an informal chat group around a coffee table to an organized team with shared duties, such as driving the kids to and from school or providing after-school supervision.

The exact content of a family's rules is less important than the fact that there are rules and they're understood by the whole family.

There are a lot of advantages to talking and working with the families of your child's friends.

Kids benefit from being part of a community where adults feel a shared responsibility for their children's welfare and where common expectations and rules are clear.

And even if specific rules vary from one household to another, it helps if each parent can say clearly: "This is what's expected in **this** house," and kids clearly understand that.

The exact content of a family's rules is less important than the fact that there *are* rules and they're understood by the whole family.

It's also important that those rules are impartially and consistently enforced. Children need to know that adults are aware of what they're doing, and that they have a working agreement to enforce mutually-accepted rules.

The point is not make kids feel policed or threatened, but to provide a sense of common values and mutual concern involving as many parents as possible in your child's circle of friends for *all* the kids' well-being.

'IT'S MORALLY WRONG TO USE DRUGS...'

With all three of my children, I made two points. First, each was a creature of God, blessed with brains and talent. With such generous divine gifts goes a moral obligation to develop those talents and use them to help others less fortunate. That's why it's morally wrong to use drugs.

I also told them that alcohol and drugs were the two things that could ruin their lives, either by leading to an auto accident or by causing addiction.

They pointed out that I smoked cigarettes and drank Scotch. My answer: Had I known at age 14, when I started smoking what we learned by the 1970s, I hope I would never have lit up. ■

■ Grade School

If your kids are still too young to be involved with drinking or drugs, you're lucky. You've still got time to do the things that will reduce their risk later. And taking the time now to learn about drugs and enhance your parenting and drug-proofing skills can cut your own risk of heartache later on.

Here are likely places to start...

■ **Talk with your child.** Kindergarten isn't too early to start talking with your child about drugs—and other serious topics. Begin by talking about the dangers associated with smoking, drinking, and drug use, and let them know your feelings and values.

■ **Get to know the parents of your child's friends.** You don't have to do any major organizational work here, but at least establish a basis for future communication and cooperation. If you need to, set up a support system for watching the kids after school or spell out some common rules about mealtimes, curfews, homework, and drug and alcohol use.

■ **Be clear about house rules.** Let your child know that you regard any drinking, smoking, or drug use as a big deal. At this age, kids rarely go beyond experimentation. Still, make sure you clearly state your family's rules. If any experimental use has taken place, ask your child about details and circumstances.

■ **Make communication safe.** Open communication is the key to family drug-proofing and protecting your child from other potential problems, too. Learn, if you haven't already, to listen—not just talk. Let your kids know that you're always available to talk about problems, and it's safe for them to tell you anything they have to say.

■ Middle School

If your child is in junior-high or middle school and smoking, drinking, or drug use is becoming an issue, you have different factors to consider.

■ **Respect your child's privacy.** At this stage, kids want more privacy and less intrusion from adults and find such intrusion irritating. Nothing new here, except the danger that greater freedom presents for kids to move beyond simple experimentation to a regular pattern of use. Many parents react to this change in their children by feeling rejected—and becoming *more* determined to maintain control. The problem? If you don't handle your child's legitimate needs for privacy and psychological *space*, you risk increasing resistance at exactly the point where mutual respect and honest communication are most crucial.

Make increased privileges dependent upon increased compliance with family rules.

■ **Make rights equal to responsibilities.** Older kids are more mobile—they generally need less supervision and range further from home in non-school activities. To the extent that they can handle more responsibility, it's okay to give them more freedom. Negotiate with your child. Make increased privileges dependent upon increased compliance with family rules.

■ **Don't take a child's behavior personally.** "Middle-aged" kids are more likely to be critical, resentful of control, temperamental, and manipulative. Remember that they're not doing anything to *you*. They're simply responding, as best they can, to the physical, emotional, and social changes they're experiencing. Your kids are simply doing what they're meant to do at this age.

While your child is going through the massive personal changes that come with the middle-school transition into early adolescence, your role as parent changes pretty massively as well.

Your kids still need support, guidance, and discipline. Now more than ever you must provide those things with firmness, clarity, good humor, and a touch of impersonality.

If you feel rejected, attacked, or out-of-control, realize that's *your* problem, not your child's. You don't have to like or even accept their behavior toward you, but your feelings are *your* responsibility.

This is also a time when you may begin to glimpse the end of your career as a full-time parent. A new type of identity crisis may emerge—yours, this time, not theirs. Questions may start to stir: Do you need to develop sources of achievement, companionship, or self-esteem separate from your kids? Do you need to do repair work on your marriage? On your social life?

We're not suggesting that you start ignoring your kids at this crucial time in their lives. We're just pointing out that you're part of ***their*** family, too, and your own positive feelings need to be independent of their struggles to grow up.

■ High School

Most of what we've said about the middle-school years can be said again, underlined, then highlighted, for the years when kids are in high school.

Older teens are even more mobile and increasingly immersed in their own peer society. They may stay out of the house—in after-school activities, part-time jobs, or just "hanging" with friends—most of the day. And when they *are* home, they may spend time barricaded in their rooms, shut off from the family by closed doors and a wall of loud music.

It's hard for parents not to wonder what they're up to—and harder, sometimes, not to assume the worst. Your ability at this point to shape your teenager's life in a positive direction depends to an **immense** degree on the foundation of good will, respect, and trust you've built your relationship on.

And whether you like it or not, their ability to emerge as independent, competent adults depends on your willingness to let them make choices increasingly independent of you.

There's suddenly much about your teen's life that you'll know for sure only if they're willing to tell you. Trying to establish whether or not you're being told the truth can be futile and can even create further conflict.

You may have to accept the fact that you won't *always* know where or how or with whom they spend their free time.

Still, you should continue to be clear and firm about your own values, preferences, and house rules. This is the basis of your working relationship in the home, and for exerting whatever leverage you can in helping to shape your child's life.

Remember, though, that you may not be in a position to extend your rules very far beyond the confines of your home. You may not have the information or the physical control to ensure that your rules are followed or enforced. But there *are* ways to continue to get your message across.

- **Let your teen know what you expect.** It then becomes his or her job to live up to your realistic expectations. That task probably isn't compatible with drinking or drug use. By communicating, you develop a framework for ensuring that expectations are met. You may not always be able to see whether your teen is drinking or using drugs, but you can tell if they keep other rules.
- **Discuss and develop family rules together.** Your job as a parent is easier if your children understand the need for rules that reflect your values and preferences. You've done your job as a parent if they can acknowledge the fairness of limits you set on their behavior. Work to build this kind of relationship, realizing that you won't always be fair and patient, and your kids won't always understand. Also, realize that your rules may need to evolve as your kids do.
- **Avoid power struggles about drinking or drugs.** Focus on behaviors that are important to you and the family (like staying in school) no matter what else comes up. Emphasize your teen's responsibility for school work, attendance, grades, and conduct, whether they work part-time or not. Responsibility for household duties and for cooperating at home are important, too.

■ **Be sure of the consequences you're willing to impose.** If your child's behavior doesn't meet your expectations, set consequences in a firm, clear, and impersonal way. By "impersonal," we don't mean uncaring or cold; simply let your child know that a rule was broken or your expectations weren't met, and you have to set limits or impose consequences as a result.

■ **Don't degrade, judge, or diagnose the child.** Never try to convince your kids that they're bad, crazy, or stupid. That's not fair—and it usually isn't even true.

Whenever you have to impose discipline, make it flow as a natural consequence of the misbehavior itself.

Don't store up resentments, then unload "consecutive sentences" for minor misdeeds that you didn't bother to correct when they occurred. Negative reinforcement only works if it *immediately* follows a misbehavior. In building character and accountability in your young person, justice delayed really *is* justice denied.

■ If Your Child Needs Help

No matter how hard you try and how conscientiously you follow the guidelines we (and others) lay out, at some point you may decide that your child or family should see a counselor, or even that your child needs to be in a residential treatment program.

If you're at this point *now,* don't take it as a sign of failure.

The cultural influences we're all up against are vast: Kids are subjected to a wall of cultural "noise" today that goes far beyond anything we were exposed to at their age.

From advertising and music videos to movies and TV, kids today are "fish" in an ocean of manipulative sexual imagery and conspicuous consumerism, indoctrinated from the moment they can sit upright in front of a television into an ethic of quick-fix materialism and instant gratification, where values we once esteemed and jointly shared (like personal responsibility, hard work, and diligence) are often seen as the province of squares and losers.

So it's not your fault, if your kid needs help. Still, it *is* your responsibility to see that he or she gets it.

Seeking professional help or intervention is a powerful statement that you see the child's problem (*whatever* it is—drinking, drugs, or any other behavior) as a serious matter. You can help by not presenting treatment as a punishment or a burden that the child has single-handedly inflicted on the family.

It's *your* choice to make use of treatment services. You have the responsibility for following through on that choice.

For starters, you should come to a joint decision regarding the need for treatment with your spouse or partner. You should decide whether or not to give your child any choice in the matter—and what consequences will follow if he or she refuses—before it's discussed with the child.

If both parents don't agree—or your child refuses—consider getting involved with a parent support group or consulting a family counselor.

This doesn't mean that you'll begin talking with your teen with your mind already made up. It does mean that you'll be clear about what the issues are for you, what your feelings are, and what alternatives you're willing to offer your child.

■ When Your Child Is An Adult

Parents who "graduate" from their child's childhood may still worry about drug use, even though their child is no longer a minor and may not even be living at home. Their concerns usually center on the moral and physical harm that drugs can cause, and they may see any use as evidence that their kids are "victims" and unable to help themselves.

It's hard for any of us to give up the fantasy that we can "help" others change—especially when they're our kids. The fact is that it's almost impossible to get *anyone* to do *anything* they don't want to do, unless you have leverage over them. And today, most parents of adult children have precious little of that.

That's why the best way of responding to occasional drug use by an adult child may be not to respond at all. And the most helpful attitude can be one that says, in a firm and friendly way: "You have to live with the consequences of your choices. I love you, but I won't allow your behavior to control my life."

Of course, this advice doesn't apply to situations where adult children are seriously addicted or behaviorally impaired—and especially if their own children are being neglected. That's another matter altogether, and may actually require intervention. Consult a professional to clarify your options if such a situation ever applies to you.

No matter how much some young adults seem to resent parental control, grown-up (or nearly grown-up) kids may still expect you to bail them out if they get into trouble. At the very least they probably won't refuse help if it's offered.

They might hear a statement like the one above as a withdrawal of love—even a betrayal, if it comes at a time when they're facing serious difficulties. They might respond by getting angry and by trying harder to get support from the family.

Many parents find it hard to keep from giving in. They feel guilty about abandoning a child in trouble, or they don't want their children to be angry with them.

The most helpful attitude can be one that says, in a firm but friendly way: 'I love you, but I won't allow your behavior to control my life.'

Their definition of "family" may include the notion that family members stick by each other no matter what.

Parents in this situation can use practical advice and emotional support. Groups such as ToughLove, Al-Anon, and Families Anonymous can provide non-coercive, non-judgmental support for parents who need to rethink their relationship with substance abusers in the family.

■ Options & Resources

There's almost *always* more than one way to respond to difficult family problems. And few family problems are more troubling to parents than the use of drugs or alcohol by their children.

Remember: You *do* have choices. You *can* act in a way that fits both your personal style and your intuitive sense of what's right and wrong. Although some responses might *seem* more likely to work than others, it's up to you to test the options and choose what works best for you and your family.

Remember that no single family can solve a problem that exists worldwide. Don't hesitate to explore resources in your community. Use the support, counseling, and other services available from professional programs and self-help groups. And make use of other parents in your neighborhood who share your concerns. If you do, everyone involved will benefit, including your kids.

In the next chapter, we'll provide some basic current information on commonly-abused drugs and alcohol. If you're interested in obtaining more detailed information about specific drugs, or you're curious about some of the approaches to parenting we've suggested, check the resource list at the back of the book.

After that, it's up to you.

chapter

6

Drugs Today
What You Need to Know

In coming to grips with—or, at least, getting a handle on—adolescent drug use and drinking, plain old-fashioned facts are almost as important as the parenting techniques we've discussed thus far.

Because whether we like it or not, the world that kids grow up in today is a chemical culture, too, and they were busy being bombarded with images and innuendo touting the benefits of artificially-enhanced reality long before the first Budweiser frog croaked or the first X-treme athlete shrugged "Been there, done that," and popped the top of a cold Mountain Dew.

That's why it's so important that parents actually have a *clue* about which drugs are being used in today's youth culture, and the real (and specific) risks that go along with using them.

Because the greatest sin of all to kids in today's Information Society is to be *out of it*, and you don't have to be if you don't want to be.

Marijuana

Marijuana has been at the front line of the clash between youth and mainstream culture for so long now—and so much misinformation has been told and retold about it, on both sides—that it's probably useful to start from scratch in discussing it and its potential risks.

Traces of THC can be found in urine 3-5 days after use, and for up to a month in heavy users.

Derived from the leaves and flowering tops of the hemp plant (*Cannabis sativa*), marijuana is usually rolled into cigarettes or smoked in water pipes or "bongs" or hollowed-out cigars called "blunts." Just like in the '60s and '70s, it can also be cooked in foods (like brownies) and eaten. Another thing that hasn't changed much are its nicknames—marijuana is still commonly known as "weed," "grass," "pot," and "reefer."

There are two other forms of cannabis, hashish and hash oil, that can be made from the resin produced by the plant, but they're much less prevalent than plain old pot. What all forms of the drug have in common, though, is *tetrahydrocannabinol* (THC), the main psychoactive chemical in the drug.

THC has also been the subject of a great deal of interest in recent years, too. According to the Drug Enforcement Administration, the average potency of street marijuana in 1995 was 3.33 percent THC, with one strain of the plant weighing in at 24 percent. That may not seem like much, but it's way up over levels of 10-15 years ago, when potency averaged around 2 percent.

Critics aren't so sure, and claim that the DEA is deliberately puffing up its statistics (by comparing connoisseur-quality, "boutique" strains with "ditchweed") to justify a continuing war mentality on marijuana.

Still, it *is* safe to say that there is a fair amount of high-potency pot around today, as domestic cultivation has become a full-fledged cottage industry accounting for an increasing share of the marijuana market. And that extra potency can mean extra problems for users, since THC tends to stay in the body longer than many other drugs. In fact, traces of THC can be found in urine 3-5 days after use, and for up to a month in heavy users.

What THC does, in users, is to produce euphoria and a mild disorientation. Physical sensations seem more vivid, and perception of time may be distorted.

Research shows the drug affects three key brain functions:

- **Memory.** Pot disrupts short-term memory and increases distractibility.
- **Motor skills.** Marijuana can slow reaction time and reduce "tracking ability," which could mean serious problems for inexperienced teen drivers.
- **Thought.** Higher-order thinking skills are also affected, including calculation skills and the ability to follow complex instructions.

These effects last several hours, although some subtle changes can linger into the next day. Other short-term effects include increased appetite and heart rate, and reddening of the eyes.

Long-term risks of marijuana are less clear-cut, but research shows that pot poses at least some degree of risk in several areas.

■ **Heart/Lungs.** Since marijuana raises heart rate, it could pose a risk to people with heart problems or hypertension. And since marijuana smoke irritates lung tissue and reduces respiratory capacity, long-term pot smokers could be subject to many of the same smoking-related diseases as cigarette smokers.

■ **Hormones.** Marijuana lowers levels of sex hormones in both sexes. In children, such changes could affect sexual maturation and physical development.

■ **Brain.** Research shows that marijuana can interfere with the process by which short-term memories are encoded and stored in the brain. And even though such impairment seems to be reversible, its effects on school grades *definitely* isn't.

While pot's long-term effects on memory, motivation, and learning may depend largely on how much is smoked, and how often, teen users face a set of special risks from the drug.

That's because the teen years are when kids refine the personal skills they'll rely on as adults. Successfully meeting challenges, solving problems, and coping with stress are an important part of this process. Perhaps more than anything else, parents should be concerned about the possible consequences of diluting this important aspect of growing up with marijuana—or any other drug.

Similarly, pot has also been linked to a so-called "amotivational syndrome," a state of apathy and passivity sometimes seen in heavy users.

Although it's impossible to say whether marijuana actually *causes* apathy, or if depressed and apathetic people are simply more likely to use it in trying to cope with their feelings, it's still important to deal with apathy whenever it rears its unlovely head. If marijuana doesn't cause it, then something else does.

'IT IS ILLEGAL, DANGEROUS & WRONG...'

Our children need to hear a clear and consistent "no-use" message about marijuana—that it is illegal, dangerous and wrong.

Research tells us it limits learning, memory, perception, judgment and motor skills, and it damages the brain, heart, lungs and immune system.

Marijuana is not a "soft" drug. ■

Dealing effectively with apathy—or any other emotional problem—is more difficult when the underlying problem is masked by a drug. Teenagers who exhibit such symptoms need help, and drug use may not be their only problem.

■ Alcohol & Depressants

It may seem odd at first, but we're going to lump alcohol and the depressant (or "downer") drug groups together for the simple reason that they're more alike than different, both in their action and their attraction to young people.

That's because, like alcohol, all commonly-used downers reduce activity in the brain and central nervous system, resulting in reduced tension and inhibitions, which—along with their ability to increase sociability and decrease self-consciousness—can make downers seem *awfully* compelling to young people.

Commonly-used depressants include such sleeping pills as Halcion® and Dalmane® and such tranquilizers as Xanax® and Valium®.

At prescribed doses, downers produce the same type of relaxation and social ease that alcohol produces at low consumption levels. At higher doses, these effects dissolve into confusion, slurred speech, extreme mood swings, and increasing impairment of reflexes and coordination.

Other risks are also similar, and include:

- **Overdose.** Since depressants also slow respiration and heart rate, very high doses can result in coma, even death.
- **Drug/alcohol interactions.** Effects of downers are multiplied when they're used in combination with other depressants, raising the risk of overdose. Mixing downers and alcohol is one of the leading causes of overdose and drug-related deaths in America, according to the Drug Abuse Warning Network.
- **Dependence.** All depressant drugs produce some degree of physical and psychological dependence with continued use.

Even at prescribed doses, regular use may lead to sleep disturbances and increased tension and irritability. Personality changes, including increased hostility and irritability, may also develop.

Although many kids don't think of it that way, alcohol really *is* a drug, with dangers similar to other CNS depressants. Maybe that's why problem drinking among teens has remained high even as the use of illegal drugs has ebbed and flowed over the years.

A big reason for this centers on our society's double standards about drinking and drugs. Since drugs are illegal, the thinking goes, they *must* be bad. But alcohol is an *institution*. Beer ads on TV are usually *cute* (or *seem* cute, at least, the

first dozen or so times you see them) and form a big part of our collective national consciousness—or the agencies that make them get fired, pronto.

Maybe that's why whenever a new poll shows an uptick in drug use or a downturn in the "perceived risks" of illegal drugs, the government cranks up a huge campaign (ironically, often involving the same agencies that sell beer on TV and cigarettes wherever else they can) to scare kids away from illegal drugs.

But nobody has ever shown an egg in a frying pan with the voice-over, "This is your brain on alcohol. Any questions?"

The result? Teen drinking ***never*** goes down.

A big reason why is that it's fairly easy to get. Since alcohol is legal for adults, it's never ***that*** difficult for teens (or pre-teens) to get their hands on some—either from dad's liquor cabinet or from an older, barely-legal friend or friend-of-a-friend.

And while we officially frown on drunkenness, we often wink at the behavior of someone "in their cups," and the behavior of drunks is excused simply because they're "having fun" or "blowing off steam." But for those who live and work with heavy drinkers, alcohol-fueled antics aren't much fun at all.

We don't help our kids when we treat problem drinking as something other than what it is—drug abuse—or even model it for them. Besides its social costs—its toll on families, relationships, and jobs—alcohol causes such serious toxic damage to the liver, pancreas, and central nervous system that, in a very real sense, it's one of the most dangerous drugs ever discovered.

One of the most ***immediate*** dangers to kids, of course, comes from drinking and driving. Be sure to impress on your kids never to drive while drinking and never ride with a friend who's been drinking. Let them know they can always call you for a ride home, should the need ever arise. You can always discuss rules and behavior when they're home safe again.

■ Heroin & Other Narcotics

Although the term "narcotics" is sometimes used generically (and inaccurately) to describe all drugs (or, at least, all ***illegal*** drugs), narcotics are actually a relatively small drug group hanging by a common thread: they relieve pain.

There are two basic types of narcotics: ***opiates,*** which are derived from the opium poppy (e.g. morphine, codeine, and heroin), and ***synthetics,*** including such drugs as methadone, Dilaudid®, Demerol®, Darvon®, and Percodan®.

Although narcotics are the least-used of all the major drug groups by children, heroin use ***has*** been on the upswing in recent years, with annual usage more than doubling by 1996 over 1991 totals among 8th, 10th, and 12th graders.

Heroin travels under a lot of assumed names, including "H," "horse," "smack," and "junk." It's sold as a white or brown powder (sometimes called "China white"

Dangers tied to street narcotics are well known, although many people forget that prescription drugs can cause the same problems.

or "Mexican mud") or as a dark, sticky resin, called "black tar." Heroin and morphine are usually injected, although in recent years the average purity of street heroin has been so high that it can be sniffed or smoked. Prescription narcotics are usually dispensed in pill form, but can be dissolved and injected.

Besides relieving pain, narcotics also reduce anxiety and induce feelings of euphoria. In the process, they constrict pupils, cause constipation, and reduce both respiration and blood pressure. Dangers tied to street narcotics are well known, although many people forget that prescription drugs can cause the same problems:

- **Dependence.** All narcotics produce a strong physical and psychological dependence, linked to drug specifics and duration of use.
- **Overdose.** Narcotic drug overdoses are often life-threatening, with heroin, methadone, codeine, and propoxyphene (Darvon®) consistently ranking among the top ten causes of drug overdose deaths. Overdose is a particular risk with heroin, since potency can vary so much on the street.
- **Withdrawal.** Users sometimes refer to withdrawal as being "sick," and symptoms *can* resemble a bad case of the flu—with chills, muscle cramps, runny nose and eyes, diarrhea, and vomiting piled on top of intense, white-knuckle anxiety. Still, even though it might *seem* a fate worse than death to unwilling addicts, opiate withdrawal rarely involves life-threatening physical complications.
- **HIV/AIDS.** Since users often have to share "works" (injection-drug equipment), contaminated needles remain a major source of HIV infection.

Surprisingly, narcotics are less likely than alcohol, depressants, or stimulants to cause direct harm to the central nervous system or to internal organs. Aside from the risks of overdose and HIV infection, physical damage most often results from indirect causes, such as malnutrition and poor health.

Another risky form of narcotics are the so-called **designer drugs**, which appear on the street from time to time, usually during times of heroin "droughts" or "panics." Manufactured in illegal labs, designer "heroin" is a lab-made chemical substitute, often a variation on the synthetic narcotic, *fentanyl*.

It carries the same risks as heroin, but poses an even greater threat of overdose, since the fentanyl "high" wears off before its respiratory depressant effects.

■ Stimulants

Unlike the narcotics and other depressants, stimulants *increase* activity in the central nervous system, speeding up metabolism and unleashing feelings of energy and confidence while curbing appetite and fatigue.

The stimulants group (commonly and collectively known as **speed**) is an extremely diverse chemical mixed bag, and one that young people have been sampling from in a big way in recent years. Just the *legal* side of the bag deserves special consideration: It includes a variety of readily-available, over-the-counter products marketed to, and increasingly used by, young people:

■ **Caffeine.** The old standby, caffeine is dispensed in liquid form by espresso machines and in even more concentrated form as stay-awake tablets (No-Doz®, Vivarin®) and "performance boosters" (UpTime®) at the local mini-mart.

■ **PPA.** The appetite suppressant and stimulant drug phenylpropanolamine (PPA) is the active ingredient in such over-the-counter diet aids as Accutrim® and Dexatrim®, commonly used by teen (and pre-teen) girls for weight control.

■ **Ephedra.** A variety of commercial teas, nutritional supplements, and bodybuilding aids contain the Chinese herb *ma huang* (ephedra). In addition to curbing appetite and increasing fat metabolism, ephedra is a potent CNS stimulant.

■ **Herbal "Ecstasy."** Sold at head shops, concerts, and dance clubs, a number of herbal drug blends are promoted as substitutes for controlled substances, particularly the popular psychedelic stimulant MDMA.

On the other, controlled side of the stimulant equation are drugs commonly prescribed for kids with hyperactivity or attention-deficit disorder—including methylphenidate (Ritalin®), Dexedrine®, and Cylert®—and such illicit drugs as methamphetamine ("crystal meth") and MDMA ("Ecstasy"). Rounding out the list is cocaine, which is still around, still expensive, and still causing serious problems.

Like alcohol and downers, stimulants are all much more alike than they are different, both in their effects and the risks they pose. That's why we'll discuss the various chemicals as a group—and to underscore the simple, often-ignored point that, in spite of significant differences in both cost and legal status, stimulants are stimulants. Speed is speed.

It's not that illegal ones are "bad" and legal ones are "good" or "safe"—they're not, at least not all the time. Speed is speed; and just like the other form we're all familiar with, it doesn't matter that much whether you're in a car or on a plane: The faster you go, the more likely you are to crash.

One reason that users tend to crash so often is because speed causes a rapid buildup of tolerance, which means that the drugs' effects fade after a few weeks, unless dosage is increased. For some reason, this doesn't generally apply to stimu-

Tolerance is a real problem with crystal meth, which causes such powerful feelings of euphoria that users want to increase dosage.

lants prescribed for attention-deficit disorder, but it does apply to the ones prescribed for weight control—including the prescription combination "Phen-Fen" (phentermine and fenfluramine). And it *especially* applies to crystal meth, which causes such powerful feelings of euphoria that users *want* to increase dosage.

What they don't want, but get anyway, are other risks that go with the territory:

■ **Emotional problems.** Heavy use can unleash profound psychological changes. In its most severe form, a toxic psychosis can emerge, characterized by hallucinations, paranoia, a feeling of bugs crawling on the skin, and bizarre behavior.

■ **Physical hazards.** Since stimulants enable the body to go for long periods without food or sleep, a number of physical problems and nutritional deficiencies have been linked to use of the drugs.

■ **Overdose.** High doses can trigger heart attack, respiratory collapse, seizures, stroke, and death.

Cocaine. *The* drug of the '80s, cocaine hasn't done bad for itself in the '90s, either. Derived from the leaves of the South American coca plant for its stimulant and euphoriant effects, cocaine has long been among the priciest drugs on the street. And when it emerged in the cheap, smokable form known as "crack" in the mid 1980's, it also became one of the most dangerous.

Usually snorted as a powder (although it can be injected), cocaine produces a brief blast (30-60 minutes) of effects similar to other stimulants. Crack squeezes the entire experience into an even smaller unit of time, triggering a lightning-like high lasting 3-5 minutes, usually followed by a craving for more.

More than anything, crack turned cocaine into a problem for young people. Sold in small chunks for as little as $3-5 each, crack seemed tailor-made to suit the budgets of younger-age and lower-income users, who could afford a few chunks of crack more readily than high-priced powder cocaine.

If it was a conscious choice, the marketing plan worked a lot better than the one devised by Coca-Cola for the "New Coke," which was also released at the time. Cocaine-related emergencies and deaths soared throughout the 1980's and early '90s and crack's been the reason why.

Cocaine's dangers are identical to those produced by other stimulant drugs, and psychological dependence develops easily, particularly with crack.

■ LSD, Ecstasy & Other Psychedelics

This group includes a hodge-podge of unrelated chemicals that cause a range of sensory distortions, emotional changes, and hallucinatory effects. In fact, the word *psychedelic* (mind-manifesting) was coined by an early researcher to label the drugs, whose effects were thought to be otherwise indescribable.

Today we know they *may* be remarkable, but they *are* describable, at least in general terms. Still, it *is* a tricky task, because unlike other drugs we've discussed thus far, psychedelics don't necessarily act alike—or even *look* much alike.

LSD (AKA "acid"), for instance, is an odorless and tasteless liquid that's dripped onto squares of blotter paper (often imprinted with youth-culture icons like Beavis and Butt-head or Bart Simpson), while **psilocybin** mushrooms (AKA "shrooms") and the **mescaline**-bearing buttons of the **peyote** cactus are plants native to North America.

There's also an alphabet soup of speed-based psychedelics, including **MDMA** (**"ecstasy," "XTC,"** or just **"E"**), **DMT**, and **2C-B (U4EA)**, that are sold in tablet form and produce more-or-less similar effects, and such anesthetic-deliriants as **ketamine** (**"Special K"**) and phencyclidine (or **PCP**), that can turn up as a tablet, capsule, powder, or even soaked into cigarettes.

Short-term effects really *are* hard to generalize about the psychedelics, since they're largely shaped by specifics of drug and dosage and the interplay of psychological *set*—user experience, expectations, and mood—and physical *setting*. Emotional effects can range from pleasant, even "cosmic," feelings of serenity to intense fear and panic.

Psychedelics most used by teens today are LSD and "ecstasy," often in "raves"—all-night dances aimed at triggering a trance-like, communal, feel-good "vibe" via a continuous current of pulse-pounding techno music. According to a national survey of high school seniors in 1996, more than an eighth (12.6 percent) reported trying LSD, while 6.1 percent admitted using MDMA.

The good news about *that* is the drugs they're trying are less potent (and thus less likely to cause serious, long-lasting harm) than similar drugs in the past. According to the U.S. Drug Enforcement Administration, current average LSD dosage ranges from 20-80 micrograms, down sharply from the 150-250 mcg common a generation ago. And the tablet form of MDMA makes "ecstasy" a lot less likely to cause agony—and accidental overdose—than its 1960's ancestor, powder MDA.

That's probably a main reason that psychedelic use has been on the upswing in recent years. That doesn't mean problems can't happen—they can and do.

In fact, "behavioral toxicity"—drownings, falls, auto fatalities—is one of the most serious risks associated with high-dose LSD use. MDMA is more likely to cause high body temperature, which when combined with the frenzied dancing that takes place at raves, has put some young users in the hospital, and at least a handful in the morgue.

In addition, some psychedelics—especially high-dose forms of LSD and PCP—also trigger "flashbacks"—usually recurrences of panic and other aspects of a bad trip, days or weeks after taking the drug. According to the best evidence, flashbacks aren't caused by traces of the drug in the body, but are more likely to be an instant-imprint conditioned response to panic.

Still, even if a flashback is just an anxiety attack and only plays itself out in a user's head, that *doesn't* make the experience any easier to take, particularly for a younger person. If anything, it can seem *more* intimidating than a real drug freak-out, since a panic-stricken teen can assume the problem is in his or her own mind, and is likely to be permanent. And even though such panic rarely lasts more than an hour or so, big trees can grow from little seeds.

■ Inhalants

The inhalants group includes an entire garbage-binful of common chemicals that are sniffed for their intoxicating effects. Since they're so easy to get, they're often used by young people, particularly younger teens and pre-teens. Unfortunately, inhalants are also the most potentially dangerous substances kids *can* get into.

■ **Solvents.** Glue, paint, butane, and gasoline are among the most commonly used solvents. Sniffers typically act as if they're drunk, right down to the slurred speech and staggering gait, with effects lasting less than an hour. Heavy use can cause hallucinations and impair memory, concentration, and coordination. Long-term use can damage the brain and other body organs.

Other risks derive from how fast solvents are absorbed when they're inhaled. Effects hit *immediately,* but so can overdose, without a gradual onset of warning signs. Sudden shock or exertion after sniffing can also trigger heart failure.

■ **Aerosol Sprays.** Aerosols pose a different, but equally-lethal danger. In this case, the intoxicating chemical is the propellant used to make hairspray or cooking oil or deodorant spray out of the container, and it usually produces only a brief high. However, in the process of inhaling the propellant, users also inhale the substance being sprayed—which can coat the lungs and cause suffocation.

■ **Nitrites.** These include chemicals like amyl, butyl, and cyclohexyl nitrite and nitrous oxide. The nitrites produce a very short, dizzying high that lasts a minute or two. Nitrous oxide, sometimes called "laughing gas," causes a slightly longer period of giddiness.

When inhaled, nitrites are considered less toxic than other inhalants, but they can be poisonous if swallowed.

And, yes, kids have even tried that, too.

chapter

7

Starting Points

Arriving at a simple philosophy that addresses all the issues posed by drug use in society and its ramifications for our families is like taking a picture of 270 million people, all at once: It's hard to fit everyone into the same shot.

The fact is that any response we try, either as a society or in our homes, that has any real chance of preventing drug abuse or reducing its toll, has to address a shifting, complex web of factors, including the spiritual and psychological needs that have driven substance use in human beings through the ages, as well as the medical, legal, social, and ethical questions that derive from it.

It's only possible to skim the surface of such complex and diverse issues in as short a handbook as this.

Still, we hope we've given you an expanded perspective—including some of the societal and cultural factors that shape us all—in which to create your own context and clarify your own feelings for "drug-proofing" your family.

We've suggested ways in which your family can create its own processes and resources, and utilize resources in your community, to help prevent or minimize substance abuse by young people. We've discussed treatment options, because even the best of intentions can't always hold back a flood. And the personal and social forces that propel drug abuse really *can* look like a flood sometimes, when they don't actually seem more like a tidal wave.

But if we've pointed out nothing else in this booklet, we hope we've pointed out that things aren't always exactly the way they might seem.

Floods *can't* be stopped, but their destructiveness can be contained, given high enough flood walls and sufficient preparation. So, too, can the devastating personal consequences of drug abuse, if we only have the courage and the wisdom to respond ***before*** a crisis.

We haven't tried to answer all the questions about drugs and alcohol and we hope we haven't seemed to pretend that we have all the answers to all the questions that confront all our families in this handbook. That's a study that would take a lifetime and one that would fill *libraries.*

What we ***have*** attempted to do is simply make you aware of some starting points, some places of departure, from which you might be able to make your life, and the lives of the individual members of your family, work a little better.

And if we've learned nothing else along the way, we've learned that making our lives work, and the lives of the people we care about, requires a big dose of commitment from everyone involved.

You've taken on a big job as parents, the biggest job there is, in fact: helping to shape the values and visions and feelings and dreams of your children into those of the men and women they will become.

It's a big job, but it's one that's worth doing—and worth doing well.

Because if we learn nothing more in life than to accept and love ourselves and teach our children to accept and love themselves and each other, our life's work will always be complete and it will never have an end.

So let the music keep our spirits high.
Let the buildings keep our children dry.
Let Creation reveal its secrets, by and by,
When the light that's lost within us reaches the sky.

—Jackson Browne, "Before the Deluge"

Connections

■ Addiction & Recovery

The Hidden Addiction and How to Get Free. Janice Keller Phelps and Alan E. Nourse. (Little, Brown, 1986).

Craving for Ecstasy: The Consciousness & Chemistry of Escape. Harvey Milkman and Stanley Sunderwirth. (Lexington, 1987)

■ Parenting

Parenting by Heart: How to Connect with Your Kids in the Face of Too Much Advice, Too Many Pressures, and Not Enough Time. Ron Taffel. (Addison, 1991)

A Better World for Our Children: Rebuilding American Family Values. Benjamin Spock. (National Press, 1994)

■ Drugs

On Drugs. David Lenson. (University of Minnesota Press, 1995)

Drugs and the Brain. Solomon H. Snyder. (Scientific American Library, 1996)

■ Web Sites

Parents Place. http://www.parentsplace.com/

Parent Soup. http://family.starwave.com/

Family Planet. http://parent.net/

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